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| <b>SERIAL NUMBER</b><br>10/799,369   | <b>FILING OR 371(c) DATE</b><br>03/12/2004<br><b>RULE</b>   | <b>CLASS</b><br>536           | <b>GROUP ART UNIT</b><br>1652   | <b>ATTORNEY DOCKET NO.</b><br>1560.002US1 |                                 |
| <b>APPLICANTS</b><br>Elena V. Bolchakova, Union City, CA;<br>James E. Rozzelle, San Francisco, CA;   |   |                               |   |   |                                 |
| <b>** CONTINUING DATA *****</b>  |   |                               |   |   |                                 |
| <b>** FOREIGN APPLICATIONS *****</b><br>UNITED STATES OF AMERICA PCT/US02/29102 09/13/2002   |   |                               |   |   |                                 |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/14/2004</b>   |   |                               |   |   |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>55                 | <b>INDEPENDENT CLAIMS</b><br>30 |
| <b>ADDRESS</b><br>ELENA V. BOLCHAKOVA<br>5866 CARMEL WAY<br>UNION CITY, CA94587  |   |                               |   |   |                                 |
| <b>TITLE</b><br>Thermus scotoductus nucleic acid polymerases   |   |                               |   |   |                                 |
| <b>FILING FEE RECEIVED</b><br>3852   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                 |